

## August 19, 2005: NORTON OFFERS ADDITIONAL INFORMATION TO KEEP WALTER REED IN D.C.

FOR IMMEDIATE RELEASE

August 19, 2005

NORTON OFFERS ADDITIONAL INFORMATION TO KEEP WALTER REED IN D.C. Washington, DC—As the Defense Base Closure and Realignment Commission (BRAC) prepares for its final deliberations set to begin next week, the Office of Congresswoman Eleanor Holmes Norton (D-DC) today released her letter to Chairman Anthony J. Principi and the eight other BRAC Commissioners, singling out two issues—homeland security and faulty Department of Defense (DoD) cost and savings estimates to show that DoD "has not met its burden," to show that the Walter Reed Army Medical Center here should be closed. Although raised in her prior BRAC appearances, Norton offered additional information from the city's investigation of the homeland security implications to bolster her case that Walter Reed's military value was unique, unlike that of other base closings, because its mission is "to act as the nation's premier medical facility, providing the highest-level tertiary care, often on life or death basis, to our most seriously wounded soldiers returning from the battlefield." She also argued that underestimations of the cost and savings of moving Walter Reed would endanger the Hospital itself.

Norton said the hospital's unique role in the District's homeland security plan in case of an emergency caused by a terrorist attack "would be lost" if the distance from downtown D.C. (about 6 miles) were increased by 50% over gridlocked suburban highways because of the move to Bethesda proposed by BRAC. "The gridlock that crippled the nation's capital on September 11th...is the best evidence of why the distance to emergency care would matter in case of an attack," Norton said, citing seven critical capabilities Walter Reed provides on a homeland security basis to protect the nation's capital, residents and employees, including the highest level federal officials. She cited recent reports that the DoD Northern Command is developing a homeland security role for the military, making Walter Reed's presence as an important military asset at the seat of government particularly important.

According to the General Accounting Office (GAO), DoD had failed to demonstrate the savings it claimed or to properly account for the true cost of replacement facilities. Norton reported and cited the military necessity of providing uninterrupted high quality medical care to the most seriously injured in time of war. "Given the high military value of Walter Reed and the increasing uncertainty of DoD's cost and savings figures, it would be risky at best to shutter this flagship facility in the absence of proven cost and savings," she argued in the letter. "Rather than pursuing the wholesale replacement of Walter Reed with expensive new facilities elsewhere, the best course would be to retain Walter Reed...at its current location, and pursue more cost-effective, incremental renovations [here]."

The full text of Norton's letter follows.

August 18, 2005

The Honorable Anthony J. Principi

Chairman

Defense Base Closure and Realignment Commission

Dear Mr. Chairman:

As you prepare for your final deliberations, I write to express the deep concerns of the District of Columbia concerning two issues of particular importance regarding the Department of Defense (DoD) plan to end the operations at Walter Reed Army Medical Center as part of the Base Realignment and Closure (BRAC) process. The serious flaws in the DoD cost and savings estimates, documented by the Government Accountability Office, and additional information provided by the city's investigation of the homeland security implications of moving Walter Reed, both raise unique BRAC issues that Mayor Anthony Williams and I ask you to consider with the utmost seriousness in rendering your final decision.

### I. Underestimation of Cost and Savings Endangers Walter Reed Army Medical Center

The financial issues that concern the Commission apply particularly to the proposed closure of Walter Reed here, where the DoD has failed to demonstrate savings or to properly account for the true cost of replacement facilities, particularly considering the military necessity of providing high quality medical care to the most seriously injured and ill members of

the military. The cost savings issues go directly to the military value standard the Commission must use in reaching a final decision. The DoD has understated the amount of time associated with relocating Walter Reed's operations to replacement facilities at a time when our country is at war and faces military and terrorist challenges abroad and at home. Walter Reed's military value, unlike the issues involved in closing or transferring a typical base, is to act as the nation's premier military medical facility, providing the highest-level tertiary care, often on life or death basis, to our most seriously wounded soldiers returning from the battlefield. DoD has not met its burden of showing that one of our nation's most valuable military assets can continue without interruption its unique critical role in providing care and rehabilitation to service members with the most severe injuries at the projected cost and savings.

Given the high military value of Walter Reed and the increasing uncertainty of DoD's cost and savings figures, it would be risky at best to shutter this flagship facility in the absence of proven cost and savings. Rather than pursuing the wholesale replacement of Walter Reed with expensive new facilities elsewhere, the best course would be to retain Walter Reed's medical capabilities at its current location, and pursue more cost-effective, incremental renovations within Walter Reed's current campus. This approach makes the most sense for both homeland security and fiscal responsibility reasons.

Our recent experience here in the Congress with the shocking and unanticipated \$2.6 billion deficit in the veterans' health care budget bears out the risk involved in underestimating medical costs in time of war. The Veterans Administration (VA) severely underestimated the number of returning veterans needing care in its medical system by a factor of five. Congress had to hurriedly bail out the VA with emergency funds that now must be added to the deficit. The Defense Department has been no better at estimating its health care costs and has a similar record of needing emergency funds to provide medical care for its beneficiaries. The Undersecretary of Defense for Personnel and Readiness has publicly stated that DoD is facing a huge crisis caused by its ever-increasing health care bills.

## II. The Homeland Security Needs of the Nation's Capital Depend on the Location of Walter Reed Here.

Both the BRAC statute and the related DoD guidelines identify homeland security missions as one of the major factors to be considered in the BRAC decision-making process. Therefore the Commission is obligated to consider with the utmost seriousness information concerning the deep hole that the closure of Walter Reed would leave in the ability of the nation's capital to respond to casualties in the event of a terrorist attack. Walter Reed's military value to the country could not be more important to the safety of top federal officials; 200,000 federal employees and other workers; national and international visitors; and the residents of the District of Columbia. Walter Reed is not simply another important hospital located in the District of Columbia. Walter Reed's strategic location is a critical element to its military value. The hospital is located just 5 ½ miles from the White House, 6 ½ miles from the Capitol and 6 miles from the Washington Convention Center and the major federal and commercial centers of the nation's capital. The hospital's unique capacity in case of such an attack would be lost in the event of a mass terrorist attack if the distance from the center of the District is increased by 50% by moving the hospital to Bethesda.

The hospital has entered into a memorandum of understanding to serve as an indispensable resource in the District's efforts to treat mass casualties in case of a terrorist attack using a weapon of mass destruction. Specifically, Walter Reed provides the District with the following essential capabilities:

1. inpatient beds vital to the District's bed surge capacity;
2. access to critical isolation and decontamination facilities for the management of persons exposed to chemical, radiological and biological agents;
3. use as a staging site for medical personnel and equipment, including use of its helipad;
4. ambulances and personnel for the transport of civilian casualties;
5. ongoing management and storage of the District's crucial pharmaceutical stockpiles;
6. leadership for District hospitals in emergency preparedness and infectious diseases; and
7. ongoing training on weapons of mass destruction, disease surveillance, all hazards, pandemic plan and other related programs.

The closure of Walter Reed here would eliminate this strategic and resources capability, and would cripple the emergency response capabilities of our nation's capital in the event of a major terrorist incident. Without Walter Reed's critical resources, the District cannot meet the minimum requirements imposed by the Department of Homeland Security and the Federal Health Resource and Services Administration, requiring the District to provide capacity for the triage, treatment and initial stabilization of 500 adult and pediatric patients per 1,000,000 inhabitants.

In August 2005, the Northern Command revealed its ongoing efforts to prepare our armed forces to meet new homeland

security challenges. This developing military mission on homeland security might not have been known by the DoD and BRAC personnel, but the Pentagon and the DoD's Medical Joint Cross Service Group did not even factor into their deliberations the existing crucial homeland security role of Walter Reed when formulating the recommendation to close the Medical Center here. Fortunately, this Commission has a statutory obligation to consider the critical homeland security factor in Walter Reed's presence here and the military value that results. The gridlock that crippled the nation's capital September 11th, 2001, even though the District itself was not directly struck, is the best evidence of why the distance to emergency care would matter in case of an attack. The increased distance on bottlenecked suburban highways would make it virtually impossible for Walter Reed's emergency resources to reach downtown Washington from Bethesda in time to be effective in case of a terrorist attack.

We urge you to protect the needs of our seat of government and federal officials and employees as well visitors, workers and residents by voting to keep Walter Reed open continuously and in operation in the nation's capital.

Sincerely,

Eleanor Holmes Norton